

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

BERIAL NO. **10/802,220** FILING DATE

APPLICANT(S)

10-12-04

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
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50				
TOTAL IND.	2	0	0	0
TOTAL DEP.	21	0	0	0
TOTAL CALS	23	0	0	0

*	1	2	3
IND.	IND.	IND.	IND.
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99			
100			
TOTAL IND.	0	0	0
TOTAL DEP.	0	0	0
TOTAL CALS	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS